# EMPLOYMENT APPLICATION JUNEAU COUNTY HUMAN RESOURCES 220 EAST STATE STREET, RM. 205, MAUSTON, WI 53948 (608)847-9327

	PPLIED FOR			
NAME	First	Soci	ial Security Number	
Last	First	Middle	nar Security Number	
RESENI				
	 Street		Telephone Nur	mber
_			Alternate Num	ber
(	City, State,	Zip Code		
Are you a Un	nited States Citizen or a Permar	nent Resident Alien? Yes	[ ] No[ ]	
f not what is	your immigration status?			
	red, you will be required to subr		right to work in the Unite	ed States.)
Have you file	ed an application with us before	? Yes [ ]No [ ] If so, wh	en?	
Date availab	le to begin employment	Professional li	cense/Registration	
				<del></del>
	c employment preference Fu			
Do you have	a Driver's License? License Nu	umberNone	[ ] Wisconsin [ ] Out-o	of-State [ ]
CDL classific	cations	CDL Endorsements		
Are you at le	ast 18 years of age? Yes [ ] N	lo [ ]		
		EDUCATION		
School	Name and Location of Sch	nool Major Field	Highest Grade Completed	Degree or Diploma Earned
High School		Not Applicable		
College				
Gradu ate				
		l .	I .	
	SKILLS AND QUALIFICA er education, training, specific si		es that you possess rela	ated to this job:
	, , , , , , , , , , , , , , , , , , ,	.,		<b>,-~</b> .
list snymes	hines or equipment that you ar	e qualified/experienced at o	nerating:	

### **EMPLOYMENT HISTORY**

Are you presently employed? Yes [ ] No [ ]					
May we contact your present employer?	Yes [ ] No [ ]				
List any previous name(s) used in employ	yment history				
Below, list your previous employment, if a	pplica ble				
Company Name Telephone		Dates of employment			
Address	Job Title/Position				
Supervisors Name	Salary (ending)				
Describe work	Reason for leaving				
Company Name	Telephone	Dates of employment			
Address	Job Title/Position				
Supervisors Name	Salary (ending)				
Describe work		Reason for leaving			
Describe work  Company Name	Telephone	Reason for leaving  Dates of employment			
	Telephone				
Company Name	Telephone	Dates of employment			
Company Name  Address	Telephone	Dates of employment  Job Title/Position			
Company Name  Address  Supervisors Name	Telephone	Dates of employment  Job Title/Position  Salary (ending)			
Company Name  Address  Supervisors Name  Describe work		Dates of employment  Job Title/Position  Salary (ending)  Reason for leaving			
Company Name  Address  Supervisors Name  Describe work  Company Name		Dates of employment  Job Title/Position  Salary (ending)  Reason for leaving  Dates of employment			

Company Name		Telephone		Dates of employment	
Address			Job Title/Position		
Supervisors Name				Salary (ending)	
Describe work			Reason for leaving		
PERSONAL REFERENCES  (Do not include relatives or previous employers)					
NAME	,	ADDRESS	BUSINESS	3	TELEPHONE
Have you ever be en involuntarily terminated from a job before? Yes [ ] No [ ]  If yes, provide name of employer and a brief explanation of the circumstances;  Have you been convicted of a felony or a misdemeanor in the last 10-years? Yes [ ] No [ ]  If yes, when?  For what have you been convicted?  Are you subject to any pending criminal charges? Yes [ ] No [ ] If yes, please explain:					
I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements will render this application void, and if employed will result in termination. I agree that Juneau County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application and through this process.					
I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience, qualifications and/or suitability for employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.					
I understand that any offer of employment or continued employment, if hired, may be conditional upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment.					
Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. JUNEAU County is an EQUAL OPPORTUNITY EMPLOYER.					
Signature of Applicant Date:					

The application will remain on file for 6 months from the date of application. Incomplete applications will not be processed. Juneau County will not accept the telephone updates of applications.

# JUNEAU COUNTY RELEASE OF INFORMATION AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only, not to be released to unauthorized individuals)

Information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omission(s) may be cause for rejections or may be cause for subsequent dismissal if I am hired.

I authorize a representative of Juneau County within six months of the date on this application, to obtain information and records pertaining to me from any or all of the following sources:

- 1. Municipal, State or Federal law enforcement agencies
- 2. Selective Service System
- 3. Any banking Institution
- 4. Any place of business (purpose of obtaining credit or employment data)
- 5. Credit rating bureaus or institutions maintaining individual credit rating files
- 6. Any previous employer
- 7. Present employer (unless otherwise requested)
- 8. Personal references as provided on application
- 9. Any school, college, university or other educational institution
- 10. Any law enforcement certification or licensing board of Wisconsin or any other state

#### Exceptions to this blanket authorization

<ol> <li>Any medical information in the possessi of employment (per Americans With Disab</li> </ol>	ion of any source named above until subsequent to a conditional offer ilities Act)
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	nty, as a prospective employer, to obtain information. It is understood ration of my employment and shall not be further disseminated for any
Applicant Signature	Date

## INSERT TO APPLICATION FOR EMPLOYMENT WITH JUNEAU COUNTY

Return E.E.O. Guidelines with job application

Position applying for:				
E.E.O. GUID ELINES (Optional)				
In an attempt to judge the effectiveness of our recruitment efforts for affirmative action, we request that you provide the following information. This information will inno way be used in the decision to hire or promote.				
Sex: Male Female				
Date of Birth:				
How do you describe yourself in the following terms: (Please check one)				
American Indian/ Native American	Black/Afro American/Negro			
White Caucasian	Latin American/Chicano-Puerto Rican			
Mexican American/Spanish Surnamed	Oriental/Asian-American			
Other				